

# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN  
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

Form Approved  
Office of Management and Budget  
No. 1215-0188  
Expires: 07-31-2004

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only Rec'd APR - 7 2003 O JS DRDA <b>E</b>	1. FILE NUMBER <b>506 - 655</b>	2. PERIOD COVERED MO DAY YEAR From <b>01 01 2002</b> Through <b>12 31 2002</b>	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/> (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/>
	8. MAILING ADDRESS First Name <b>J E F</b> Last Name <b>E A T C H E L</b> P.O. Box • Building and Room Number (if any)  Number and Street <b>3737 CAMINO DEL RIO S #300</b> City <b>SAN DIEGO</b> State ZIP Code + 4 <b>CA 92108 -</b>		
4. AFFILIATION OR ORGANIZATION NAME <b>HOTEL EMPL, RESTAURANT EMPL AFL-CIO</b>			
5. DESIGNATION (Local, Lodge, etc.) <b>LU</b>		6. DESIGNATION NUMBER <b>30</b>	
7. UNIT NAME (if any)			
9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If "No," provide address in Item 75.)			

## 75. ADDITIONAL INFORMATION

Item Number	
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Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76.  
SIGNED:

**3-28-03**  
Date

**619-516-3727**  
Telephone Number

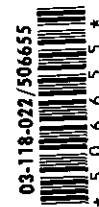
**PRESIDENT**  
*[Signature]*  
(If other title,  
see instructions.)

77. SIGNED:

**3/28/03**  
Date

**619-516-3727**  
Telephone Number

**TREASURER**  
*[Signature]*  
(If other title,  
see instructions.)



**During the Reporting Period Did Your Organization:**

10. Have a "subsidiary organization" as defined in Section X of the instructions? ..... Yes ☐ No ☒
11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? ..... ☒ ☐
12. Have a political action committee (PAC) fund? ..... ☐ ☒
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? ..... ☐ ☒
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? ..... ☒ ☐
15. Discover any loss or shortage of funds or other property? ..... ☐ ☒  
(Answer "Yes" even if there has been repayment or recovery.)
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ..... ☒ ☐
17. Liquidate or reduce any liabilities without disbursement of cash? ..... ☐ ☒

(If the answer to any of the above questions is "Yes," provide details in Item 75 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 2 6 0 0
19. What is the date of your organization's next regular election of officers? MO 0 4 YEAR 2 0 0 6
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 5 0 0 0 0 0

21. What are your organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ <u>31.00-36.00</u> per MONTH (Month, Year, etc.)
(b) Initiation Fees	\$ <u>58.00-120.00</u>
(c) Transfer Fees	\$ <u>NONE</u>
(d) Work Permits	\$ <u>SCHD ATTACHED</u> per N/A (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? ..... Yes ☐ No ☒  
(If the constitution and bylaws or practices/procedures have changed, see the instructions.)
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ..... ☐ ☒
24. Did your organization have any contingent liabilities at the end of the reporting period? ..... ☒ ☐

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75.)

# STATEMENT A - ASSETS AND LIABILITIES

FILE NUMBER: 5 0 6 - 6 5 5

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only -- Do Not Enter Cents

ASSETS	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item			
	25. Cash.....	1	2 3 7 3 0 2	3 1 5 0 0 1
	26. Accounts Receivable.....		0	0
	27. Loans Receivable.....		0	0
	28. U.S. Treasury Securities.....		0	0
	29. Investments.....	2	0	0
	30. Fixed Assets.....	5	4 5 0 6 4	8 4 9 2 7
	31. Other Assets.....	3	2 1 7 9 9 6	2 1 7 9 9 6
	32. TOTAL ASSETS.....		5 0 0 3 6 2	6 1 7 9 2 4
LIABILITIES	LIABILITIES	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	Item			
	33. Accounts Payable.....	8	6 0 5 4 5	5 8 9 6 6
	34. Loans Payable.....		2 4 2 1 9	6 0 9 4 8
	35. Mortgages Payable.....		0	0
	36. Other Liabilities.....	4	2 2 4 2 3 7	2 0 5 8 9 9
	37. TOTAL LIABILITIES.....		3 0 9 0 0 1	3 2 5 8 1 3
38. NET ASSETS (Item 32 less Item 37).....		1 9 1 3 6 1	2 9 2 1 1 1	

# STATEMENT B - RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 5 0 6 - 6 5 5

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only -- Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
Item			Item		
39. Dues.....		1 1 6 5 3 1 8	56. To Officers.....	9	1 0 1 4 3 8
40. Per Capita Tax.....		0	57. To Employees.....	10	2 5 8 8 3 9
41. Fees.....		5 8 3 6 6	58. Per Capita Tax.....		4 8 0 5 0 6
42. Fines.....		0	59. Fees, Fines, Assessments, etc. ....		0
43. Assessments.....		1 4 4 9	60. Office & Administrative Expense....	13	1 9 8 1 3 4
44. Work Permits.....		3 0 7 5 7 2	61. Educational & Publicity Expense...		0
45. Sale of Supplies.....		0	62. Professional Fees.....		8 8 2 7 9
46. Interest.....		5 2 1 0	63. Benefits.....	11	1 2 7 8 6 1
47. Dividends.....		0	64. Contributions, Gifts & Grants.....	12	1 5 3 6 0
48. Rents.....		3 9 2 0	65. Supplies for Resale.....		0
49. Sale of Investments & Fixed Assets.....	6	6 5 0 0	66. Direct Taxes.....		3 8 7 9 6
50. Loans Obtained.....	8	0	67. Withholding Taxes.....		8 9 6 9 5
51. Repayments of Loans Made.....	1	0	68. Purchase of Investments & Fixed Assets.....	7	6 6 1 2
52. On Behalf of Affiliates for Transmittal to Them.....		0	69. Loans Made.....	1	0
53. From Members for Disbursement on Their Behalf.....		0	70. Repayment of Loans Obtained.....	8	1 4 2 4 9
54. Other Receipts.....	14	1 9 9 2 7 4	71. To Affiliates of Funds Collected on Their Behalf.....		0
			72. On Behalf of Individual Members...		0
			73. Other Disbursements.....	15	2 5 0 1 4 1
55. TOTAL RECEIPTS.....		1 7 4 7 6 0 9	74. TOTAL DISBURSEMENTS .....		1 6 6 9 9 1 0

**Enter Amounts in Dollars Only -- Do Not Enter Cents**

## SCHEDULE 1 – LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above	0	0	0	0	0
6. Totals of Lines 1 through 5	0	0	0	0	0
The totals from Line 6 are entered in..... Item 27 ..... Item 69 ..... Item 51 ..... Item 75 ..... Item 27 Column (A) ..... with Explanation ..... Column (B)					

## SCHEDULE 2 - INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 5 0 6 - 6 5 5

Description (A)	Amount (B)
<b>Marketable Securities</b>	
1. Total Cost	0
2. Total Book Value	0
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) None	0
(b)	
(c)	
(d)	
<b>Other Investments</b>	
4. Total Cost	0
5. Total Book Value	0
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) None	0
(b)	
(c)	
(d)	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	0
The total from Line 7 is entered in ..... Item 29, Column (B)	

## SCHEDULE 3 - OTHER ASSETS

Description (A)	Book Value (B)
1. PARTIAL INTEREST IN BUILDING	2 1 7 9 9 6
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	2 1 7 9 9 6
The total from Line 7 is entered in ..... Item 31, Column (B)	

## SCHEDULE 4 - OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. PER CAPITA TAXES PAYABLE	3 8 0 0 0
2. PERMIT FEES PAYABLE TO	0
3. INTERNATIONAL UNION	1 6 4 8 2 7
4. WAGES PAYABLE	3 0 7 2
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	2 0 5 8 9 9
The total from Line 7 is entered in ..... Item 36, Column (D)	

# **SCHEDULE 5 - FIXED ASSETS**

FILE NUMBER: **5 0 6 - 6 5 5**

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): None	0		0	0
2. Totals from additional pages (if any)				
3. Buildings (give location): None	0	0	0	0
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	9 5 3 1 1	2 6 2 7 8	6 9 0 3 3	0
6. Office Furniture and Equipment	1 6 0 1 2 2	1 4 4 2 2 8	1 5 8 9 4	0
7. Other Fixed Assets	0	0	0	0
8. Totals of Lines 1 through 7	2 5 5 4 3 3	1 7 0 5 0 6	8 4 9 2 7	0
The total from Line 8, Column (D) is entered in.....				Item 30, Column (B)

# **SCHEDULE 6 - SALE OF INVESTMENTS AND FIXED ASSETS**

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. 1995 CHEVY SUBURBAN	3 8 0 6 0	8 0 0 0	6 5 0 0	6 5 0 0
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	3 8 0 6 0	8 0 0 0	6 5 0 0	6 5 0 0
7. Less Reinvestments				0
8. Net Sales				6 5 0 0
The total from Line 8 is entered in ..... Item 49				

# SCHEDULE 7 – PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 5 0 6 - 6 5 5

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. FURNITURE AND EQUIPMENT	6 6 1 2	6 6 1 2	6 6 1 2
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	6 6 1 2	6 6 1 2	6 6 1 2
	7. Less Reinvestments		0
	8. Net Purchases		6 6 1 2
The total from Line 8 is entered in ..... Item 68			

# SCHEDULE 8 -- LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. AUTO ONE ACCEPTANCE CORP	2 4 2 1 9	0	7 4 5 2	0	1 6 7 6 7
2. GMAC	0	0	6 7 9 7	0	4 4 1 8 1
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	2 4 2 1 9	0	1 4 2 4 9	0	6 0 9 4 8
The total from Line 6 is entered in ..... Item 34 ..... Item 50 ..... Item 70 ..... Item 75 ..... Item 34 Column (C) with Explanation Column (D)					



# SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 5 0 6 - 6 5 5

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)	
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*						
1.	BRICKER C. PRESIDENT	C	0	0	3 1 9 4	0	3 1 9 4
2.	AMAZCUA ARMANDO VICE PRESIDENT	C	0	5 2 5	0	0	5 2 5
3.	EATCHEL JEF SECTY TREASURER	C	8 3 1 3 1	1 1 0 0 0	2 3 9 0 3	0	1 1 8 0 3 4
4.	DOMMEL LARRY REC SECRETARY	C	0	1 5 2 0	0	0	1 5 2 0
5.	PLATT JR. RICHARD EXECUTIVE BOARD	C	0	6 0 0	0	0	6 0 0
6.	REINKING KEITH EXECUTIVE BOARD	C	0	6 0 0	0	0	6 0 0
7.	O' GORMAN BARBARA EXECUTIVE BOARD	C	0	8 2 5	0	0	8 2 5
8. Totals from additional pages (if any)			0	9 0 0	0	0	9 0 0
9. Totals of Lines 1 through 8			8 3 1 3 1	1 5 9 7 0	2 7 0 9 7	0	1 2 6 1 9 8
					10. Less Deductions	2 4 7 6 0	
The total from Line 11 is entered in ..... Item 56					11. Net Disbursements	1 0 1 4 3 8	

\*Code for Status (C): past officer - P; continuing officer - C; new officer during the reporting period - N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75.)

# SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 5 0 6 - 6 5 5

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
1. BROWNING NANCY BUSINESS MANAGER	5 5 6 1 0	1 0 4 0 0	8 8 2 6	0	7 4 8 3 6
2. BAGBY JOSEPH ORGANIZER	2 9 4 9 8	0	2 4 8 3	0	3 1 9 8 1
3. AYALA JOSE BUSINESS AGENT	4 3 7 2 0	6 8 7 5	5 0 6 2	0	5 5 6 5 7
4. BROWNING BRIGETT ORGANIZER	3 3 2 0 0	0	4 0 7 6	0	3 7 2 7 6
5. RHODES MOLLY RESEARCH ASST	3 1 5 0 0	0	1 6 8 1	0	3 3 1 8 1
6. Totals from additional pages (if any)	1 0 3 2 0 7	0	2 1 8 2	0	1 0 5 3 8 9
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	1 5 9 1 2	0	0	0	1 5 9 1 2
8. Totals of Lines 1 through 7	3 1 2 6 4 7	1 7 2 7 5	2 4 3 1 0	0	3 5 4 2 3 2
The total from Line 10 is entered in ..... Item 57			9. Less Deductions		9 5 3 9 3
			10. Net Disbursements		2 5 8 8 3 9

# **SCHEDULE 11 - BENEFITS**

FILE NUMBER: **5 0 6 - 6 5 5**

Description (A)	To Whom Paid (B)	Amount (C)
1. PENSION	TRUST FUNDS	7 6 0 0 0
2. HEALTH AND WELFARE	TRUST FUNDS	2 7 5 3 2
3. SPORTS EVENT TICKETS	SPORTS TEAMS	1 6 5 2 4
4. DUES PAID	LOCAL UNION	3 3 8 3
5. Total from additional pages (if any)		4 4 2 2
6. Total of Lines 1 through 5		<b>1 2 7 8 6 1</b>
The total from Line 6 is entered in ..... Item 6:		

# **SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS**

Description (A)	Amount (B)
1. LABOR ORGANIZATIONS	4 3 5 5
2. CIVIC AND CHARITABLE	8 2 5 5
3. POLITICAL	2 7 5 0
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	<b>1 5 3 6 0</b>
The total from Line 8 is entered in ..... Item 64	

# **SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE**

Description (A)	Amount (B)
1. PRINTING, STATIONERY &	0
2. OFFICE SUPPLIES	3 4 3 4 6
3. TELEPHONE	2 0 6 1 6
4. INSURANCE	1 4 8 2 9
5. POSTAGE	8 6 3 4
6. PETTY CASH EXPENDITURES	1 8 7 1
7. Total from additional pages (if any)	1 1 7 8 3 8
8. Total of Lines 1 through 7	<b>1 9 8 1 3 4</b>
The total from Line 8 is entered in ..... Item 60	

**SCHEDULE 14 -  
OTHER RECEIPTS**

Description (A)	Amount (B)
1. GROSS PROCEEDS FROM UNITED WAY/	0
2. DAY AT LA COSTA GOLF TOURNAME	1 0 0 3 3
3. BENEFITS INTL.	1 2 5 0
4. REFUND OF OVERPAID INVOICES	3 0 8 7
5. REIMBURSED TRAVEL EXPENSE	2 8 6 1 5
6. OLD OUTSTANDING CHECKS	0
7. WRITTEN OFF	2 7 6 5
8. SALE OF THEATER TKTS. TO MEMBERS	5 3 5
9. REFUND OF EXPENSE ALLOWANCES	1 1 0 3
10. OTHER REIMBURSED EXPENSE	2 0 7 7
11. REFUND OF SPORTING EVENT TICKETS.	2 5 4 0
12. TRAINING FUND GRANTS	1 0 1 3 0 4
13. PORTION OF DUES ALLOCATED TO	0
14. MEMBER'S ASSISTANCE FUND	1 9 2 5 0
15. ALLOWANCE FORTENANT IMPROVEMENT	7 0 0 0
16. Total from additional pages (if any)	1 9 7 1 5
17. Total of Lines 1 through 16	1 9 9 2 7 4
The total from Line 17 is entered in ..... Item 54	

**SCHEDULE 15 -  
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. OTHER PAYROLL DEDUCTIONS FORWARD	2 9 4 7 6
2. DAY AT LA COSTA GOLF TOURNAMENT	0
3. AND EXPENSES	4 3 4 4 3
4. NEGOTIATION, MEETING &	0
5. ORGANIZING EXPENSE	4 1 3 8 7
6. REFUND OF DUES AND FEES	1 1 3 2 4
7. CHECKS RETURNED TO BANK AS	0
8. DISHONORED	2 0 0
9. CHARITABLE GOLF TOURNAMENTS	4 0 1 0
10. LUNCHEONS & DINNERS	1 4 0 8
11. FRANCHISE TAXBOARD FILING FEE	1 0
12. PAYMENT TO INTERNATIONAL UNION	0
13. FOR PAST PERMIT FEES	1 2 0 0 0
14. PURCHASE OF JACKETS, CAPS,	0
15. T-SHIRTS, PINS, ETC.	6 9 1 0
16. Total from additional pages (if any)	9 9 9 7 3
17. Total of Lines 1 through 16	2 5 0 1 4 1
The total from Line 17 is entered in ..... Item 73	

ORGANIZATION NAME:  
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

ENDING DATE OF PERIOD COVERED:  
12/31/2002

FILE NUMBER: 5 0 6 - 6 5 5

## SCHEDULE 9 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
COCHRAN DONNA EXECUTIVE BOARD	C	0	9 0 0	0	0	9 0 0
PERRY MARY TRUSTEE	C	0	0	0	0	0
COOPPEDGE HOMER TRUSTEE	C	0	0	0	0	0

ORGANIZATION NAME:  
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 5 0 6 - 6 5 5

ENDING DATE OF PERIOD COVERED:  
12/31/2002

## SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
MALDONADO	DIANA	3 7 3 3 6	0	4 4	0	3 7 3 8 0
CLERICAL						
DUARTE	SUSAN	3 4 2 2 0	0	5 8 0	0	3 4 8 0 0
CLERICAL						
RODRIGUEZ	IRMA	2 0 9 9 0	0	0	0	2 0 9 9 0
CLERICAL						
DIAZ	JERRY	1 0 6 6 1	0	1 5 5 8	0	1 2 2 1 9
BUSINESS AGENT						

ENDING DATE OF PERIOD COVERED:  
12/31/2002

**SCHEDULE 11 – BENEFITS (continued)**[illegible]

FILE NUMBER: 5 0 6 - 6 5 5

**SCHEDULE 13 – OFFICE & ADMINISTRATIVE EXPENSE (continued)**[illegible]



ORGANIZATION NAME: HOTEL EMPL, RESTAURANT EMPL AFL-CIO
ENDING DATE OF PERIOD COVERED: 12/31/2002

FILE NUMBER: 5 0 6 - 6 5 5

## SCHEDULE 14 – OTHER RECEIPTS *(continued)*

Description (A)	Amount (B)
CONTRIBUTION FOR HOGAR DE LOS	0
NINOS ORPHANAGE	1 5 7 9 0
CONTRIBUTION FROM CENTER ON	0
POLICY INITIATIVES	3 8 1 0
CONTRIBUTION FOR QUAD CITY	0
GRADUATION PROGRAM	1 0 0
SUBPOENA FEE	1 5

ENDING DATE OF PERIOD COVERED:  
12/31/2002

**SCHEDULE 15 – OTHER DISBURSEMENTS (continued)**[illegible]

ORGANIZATION NAME:  
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 5 0 6 - 6 5 5

ENDING DATE OF PERIOD COVERED:  
12/31/2002

## 75. ADDITIONAL INFORMATION

Item Number

11

LABOR UNION 401 (K) PLAN  
2831 CAMINO DEL RIO SOUTH, SAN DIEGO, CA 92108  
THE PURPOSE OF THIS FUND IS TO PROVIDE MEMBERS AND EMPLOYEES WITH RETIREMENT BENEFITS.

SAN DIEGO HOTEL & RESTAURANT EMPLOYEES FUND  
2831 CAMINO DEL RIO SOUTH, SUITE 31, SAN DIEGO, CA 92108  
THE PURPOSE OF THIS FUND IS TO PROVIDE MEMBERS AND EMPLOYEES WITH MEDICAL, HOSPITAL AND WELFARE BENEFITS

FIRST FUTURE CREDIT UNION  
1831 FOURTH AVE., SAN DIEGO, CA 92101  
INDIVIDUAL RETIREMENT ACCOUNTS SET UP AT THE CREDIT UNION. THE PURPOSE OF THIS FUND IS TO PROVIDE OFFICE EMPLOYEES WITH RETIREMENT BENEFITS.

HOTEL EMPLOYEES & RESTAURANT EMPLOYEES INTERNATIONAL UNION PENSION FUND  
P.O. BOX 6557, AURORA, IL. 60598  
THE PURPOSE OF THIS FUND IS TO PROVIDE EMPLOYEES WITH RETIREMENT BENEFITS.

SECURITY LIFE INSURANCE CO.  
P.O. BOX 26118, NEW YORK, NY 10087  
THE PURPOSE OF THIS FUND IS TO PROVIDE EMPLOYEES' BENEFICIARIES WITH LIFE INSURANCE BENEFITS.

MAINSTAY MUTUAL FUNDS  
P.O. BOX 8410, BOSTON, MA 02266  
INDIVIDUAL RETIREMENT ACCOUNTS SET UP AT THE MUTUAL FUND COMPANY. THE PURPOSE OF THIS FUND IS TO PROVIDE OFFICE EMPLOYEES WITH RETIREMENT BENEFITS.

HERE LOCAL 30 SICK FUND  
C/O HERE LOCAL 30  
3737 CAMINO DEL RIO SOUTH, SUITE 300, SAN DIEGO, CA 92108  
PURPOSE OF THE FUND IS TO PROVIDE SICK BENEFITS TO MEMBERS WHO WERE IN GOOD STANDING OF PREDECESSOR LOCAL 500 ON OCTOBER 1, 1975.  
I.D. # 95-2935846 PLAN# 501  
HERE LOCAL 30 DEATH BENEFIT FUND  
C/O HERE LOCAL 30  
3737 CAMINO DEL RIO SOUTH, SUITE 300, SAN DIEGO, CA 92108  
PURPOSE OF THE FUND IS TO PROVIDE DEATH BENEFITS TO BENEFICIARIES OF MEMBERS WHO HAVE BEEN IN GOOD STANDING FOR A PERIOD OF 12 MONTHS OR MORE IMMEDIATELY PRECEDING THEIR DEATH, AND HAD JOINED THE LOCAL PRIOR TO JULY 1, 1993.

HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 5 0 6 - 6 5 5

12/31/2002

## 75. ADDITIONAL INFORMATION

11

I.D.# 95-2935846 PLAN# 502

ORGANIZATION NAME:  
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 5 0 6 - 6 5 5

ENDING DATE OF PERIOD COVERED:  
12/31/2002

## 75. ADDITIONAL INFORMATION(*continued*)

Item Number	
14	AN INDEPENDANT AUDIT WAS PERFORMED BY PATRICK L. SULLIVAN, CERTIFIED PULIC ACCOUNTANT, HAYWARD, CA.

ORGANIZATION NAME:  
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 5 0 6 - 6 5 5

ENDING DATE OF PERIOD COVERED:  
12/31/2002

## 75. ADDITIONAL INFORMATION *(continued)*

Item Number	
16	JEF EACHEL, SECRETARY-TREASURER OF HERE LOCAL 30 RECEIVED \$47,500 FROM HERE INTERNATIONAL.

ORGANIZATION NAME:  
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 5 0 6 - 6 5 5

ENDING DATE OF PERIOD COVERED:  
12/31/2002

## 75. ADDITIONAL INFORMATION *(continued)*

Item Number	
24	LOCAL 30, ALONG WITH OTHER UNIONS, HAS GUARANTEED A \$200,000. LINE OF CREDIT WITH SCRIPPS BANK ON BEHALF OF UNITED LABOR FEDERATION.

ORGANIZATION NAME: <b>HOTEL EMPL, RESTAURANT EMPL AFL-CIO</b>
ENDING DATE OF PERIOD COVERED: <b>12/31/2002</b>

FILE NUMBER: **5 0 6 - 6 5 5**

## 75. ADDITIONAL INFORMATION *(continued)*

Item Number	
75	ITEM 21D WORK PERMITS ARE \$0.80 PER HOUR, \$4.25 PER SHIFT, OR A MAXIMUM OF \$29.75 PER MONTH.



ORGANIZATION NAME: <b>HOTEL EMPL, RESTAURANT EMPL AFL-CIO</b>
ENDING DATE OF PERIOD COVERED: <b>12/31/2002</b>

FILE NUMBER: **5 0 6 - 6 5 5**

## **75. ADDITIONAL INFORMATION (*continued*)**

Item Number	
75	ITEM 21A MEMBERS OF FORMER HERE LOCAL 105 PAY \$26.00 PER MONTH FOR DUES.

ORGANIZATION NAME: <b>HOTEL EMPL, RESTAURANT EMPL AFL-CIO</b>
ENDING DATE OF PERIOD COVERED: <b>12/31/2002</b>

FILE NUMBER: **5 0 6 - 6 5 5**

## 75. ADDITIONAL INFORMATION *(continued)*

Item Number	
75	ITEMS 56 & 57 INCLUDED IN ITEMS 56 AND 57 (SCHEDULE 9 AND 10, COLUMN F) ARE DISBURSEMENTS FOR THE OPERATION AND MAINTENANCE OF UNION OWNED AUTOMOBILES WHICH ARE USED THAN 50% OF THE TIME FOR PERSONAL USE.

ORGANIZATION NAME: HOTEL EMPL, RESTAURANT EMPL AFL-CIO
ENDING DATE OF PERIOD COVERED: 12/31/2002

FILE NUMBER: 5 0 6 - 6 5 5

## 75. ADDITIONAL INFORMATION *(continued)*

Item Number	
LPR	AUTO DEALER FINANCING IN THE AMOUNT OF \$50,978. WAS OBTAINED THROUGH THE AUTO DEALERSHIP AT THE TIME AN AUTO WAS PURCHASED. NO CASH WAS RECEIVED BY THE LOCAL.

*Patrick L. Sullivan*

CERTIFIED PUBLIC ACCOUNTANT

29965 SUGAR MAPLE COURT  
HAYWARD, CA 94544

(510) 690-1040  
FAX (510) 690-1088

To the Officers and Members of  
Hotel Employees and Restaurant Employees Union of San Diego, Local 30  
San Diego, California

We submit herewith the Labor Organization Annual Report containing a statement of assets and liabilities (Form LM-2) of the Hotel Employees and Restaurant Employees Union of San Diego, Local 30, as of December 31, 2002 and a statement of receipts and disbursements (Form LM-2) for the year ended December 31, 2002.

The report was prepared on a form prescribed by the U.S. Department of Labor and therefore includes only that information required to be completed by the form. Accordingly, the accompanying report is not intended to present financial position and results of operations in conformity with generally accepted accounting principles. This report is intended solely for filing with regulatory agencies and is not intended for any other purpose.

Our examination of these statements is presently being made in accordance with auditing standards generally accepted in the United States of America and, accordingly, will include such tests of the accounting records and such other auditing procedures as we consider necessary in the circumstances. Because we have not as yet completed all of the material auditing procedures which we consider necessary, we are not in a position to and, accordingly, do not express an accountant's opinion on the attached statements. Other information shown on Page 1 of Form LM-2 has been completed by us based on all information of which we had any knowledge.

*Patrick L. Sullivan*

Patrick L. Sullivan  
Certified Public Accountant

March 21, 2003